2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Mar 21, 2005 8:00 am DOCUMENT # P04000135125 **Secretary of State** 1. Entity Name 03-21-2005 90106 035 ***158.75 SCOTT SECURITY SERVICES INC. Principal Place of Business Mailing Address 4378 LAKE TAHOE CIRCLE WEST PALM BEACH FL 33409 4378 LAKE TAHOE CIRCLE WEST PALM BEACH FL 33409 ~UIOD: 2. Principal Place of Business 3. Mailing Address PO Box 679001 507 Still Forest Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/04) 1st MOORE City & State City & State 4: FEI Number Applied For FLORIDA <u>obneliik</u> 59-3525088 Not Applicable Country Zip Zip \$8.75 Additional Country 5. Certificate of Status Desired 32867 32771 USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SCOTT SCOTT, C Street Address (P.O. Box Number is Not Acceptable) 4378 LÁKE TAHOE CIRCLE WEST PALM BEACH FL 33409 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. CEOP Change TITLE ☐ Delete TITLE C 80 P ☐ Addition SCOTT, WILLIE J JR SCOTT, WILLIE J. JR. NAME NAME 507 Still Forest Terrace STREET ADDRESS 4378 LAKE TAHOE CIRCLE STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33409 CITY-ST-ZIP San Ford 903De CEO P TITLE ☐ Defete FITLE ☐ Addition SCOTT, CAROL NAME SCOTT, CAROLINE NAME SKII STREET ADDRESS 4378 LAKE TAHOE CIRCLE STREET ADDRESS Terraco CITY-ST-7IP WEST PALM BEACH FL 33409 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Change Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ___ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7(P CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

FILED